REQUEST FOR TREATMENT AND CONSENT

SINUS LIFT PROCEDURE WITH BONE REPLACEMENT GRAFTING AND POSSIBLE PLACEMENT FOR:

I authorize and request Dr. _____to perform surgery on my upper jaw(maxilla).

I understand that the surgery will be performed to place a bone graft material into the floor of the sinus to build up adequate bone height for the placement of implants. The bone graft will consist of a bone substitute material (hydroxylapatite), tissue back bone or a combination of both. In approximately five to six months, after the graft has partially healed, a second procedure will be done to insert the implant into to upper jaw and the grafted material. In some cases it is possible to insert the implants and graft to the floor of the sinus at the same operation. It is expected that the implants will become stable and act as anchors for fixed-detachable bridges or dentures.

Dr._____ has explained that if the new bone does not incorporate into the bone graft material, alternative prosthetic measures will have to be considered. Dr. Al-Faraje has explained and described the procedure to my expectation.

The likelihood for success of the suggested treatment plan is good. However, there are risks involved. The bone graft material has produced good results when placed on top of the lower and upper jaw ridge. However, there are insufficient long term studies to evaluate placement of the material on the sinus floor. This bone graft replacement material has previously been shown to be free from rejection or infection. There is no guarantee that your graft will not become infected or be rejected.

There have been some cases of failure of the graft to incorporate new bone or to sustain implants. Rarely , implants have failed and require removal: occasionally, the area can be regrafted and implants reinserted.

It is understood that although good results are expected, they cannot be and are not implied, guaranteed, or warrantable. There is also no guarantee against unsatisfactory or failed results.

I have been informed and understand that occasionally there are complication sof surgery, drugs, and anesthesia including, but not limited to:

1. Pain , swelling and postoperative discoloration of face, neck, and mouth.
2. Numbness and tingling of the upper lip, teeth, gums, check and palate, which maybe temporary or, rarely permanent.
3. Infection of the bone that might require further treatment, including hospitalization and surgery.

4. Mal –union, delayed union, or non union of the bone graft replacement material to the normal bone.
5. Lack of adequate bone growth onto the bone graft replacement material.
6. Bleeding which may require extraordinary means to control hemorrhage.
7. Limitation of jaw function.
8. Stiffness of facial and jaw muscles.
9. Injury to the teeth.
10. Referred pain to the ear, neck and head.
11. Postoperative complications involving the sinuses, nose, nasal cavity, sense of smell, infraorbital regions, and altered sensations of the check and eyes.
12. Postoperative unfavorable reactions to drugs, such as nausea, omitting, and allergy.
13. Possible loss of teeth and bone segments.

I understand that I am not to use alcohol or non- prescribed drugs during the treatment period. Dr. Al-Faraje has discussed with me that smoking is particularly harmful to the success of this operation. I have been requested to stop stopping.

I understand that Dr._____ will give his best professional care toward the accomplishment of the desired result. I understand that I can ask for full recital of all possible risks attendant to phases of my care by asking. I have been given a booklet concerning the surgery as well as personal letter from Dr._____. I further understand that I am free to withdraw from treatment at any time.

I give permission for persons other than the doctors involved in my care and treatment to observe this operation, and to photograph it for the purposes of teaching and research.

I understand this consent form, the booklet, and the personal treatment planning letter. I request Dr._____ to perform the surgery discussed. I hereby state that I read, speak and understand English.

_____

Signature of Patient Date

_____

Signature of doctor or witness Date